

O I P E
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2774 7590 08/27/2004

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Marjorie Scariati

(Depositor's name)

Marjorie Scariati

(Signature)

11/29/04

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/699,583	10/31/2003	Michael J. Neubelt	9005/16	1891

TITLE OF INVENTION: OTDR ARRANGEMENT FOR DETECTING FAULTS IN AN OPTICAL TRANSMISSION SYSTEM EMPLOYING TWO PAIRS OF UNIDIRECTIONAL OPTICAL FIBERS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	11/29/2004
EXAMINER		ART UNIT		CLASS-SUBCLASS	
SINGH, DALZID E		2633		398-021000	

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)	<u>1 Mayer Fortkort &</u> <u>2 Williams, PC</u> <u>3 Stuart H. Mayer, Esq.</u>

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Red Sky Systems, Inc.

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

South Plainfield, New Jersey

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies 3

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A check in the amount of the fee(s) is enclosed.
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 The Director is hereby authorized by ~~RECEIVED~~ ~~SEARCHED~~ ~~X~~ ~~MAILED~~ ~~X~~, or credit any overpayment, to Deposit Account Number 50-1047 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature *Stuart H. Mayer*

Date 11/29/2004

Typed or printed name Stuart H. Mayer

Registration No. 35,277

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